

Wrap Up session



GIT - Liver Gall bladder diseases

**Prof Riham
Abu-Zeid**

Intestinal Polyps

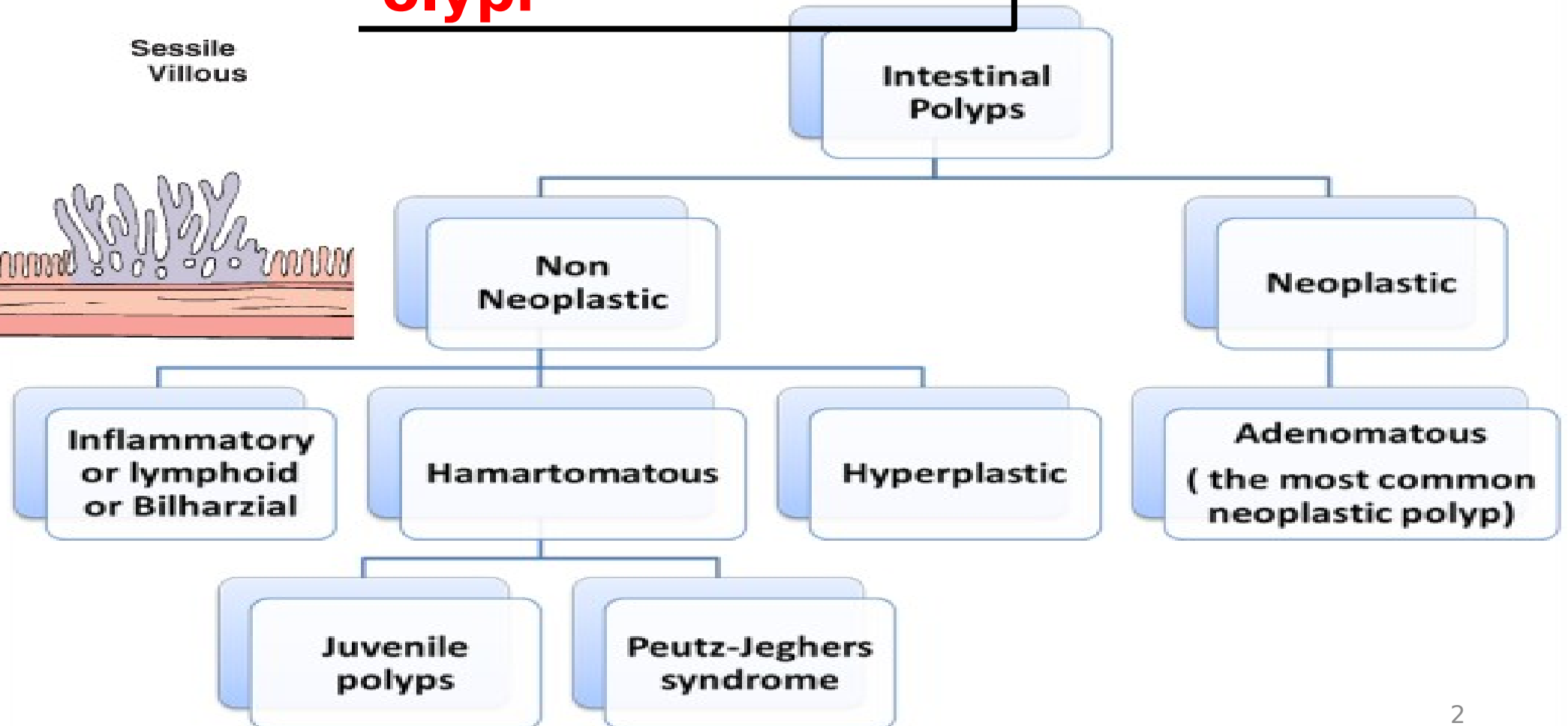
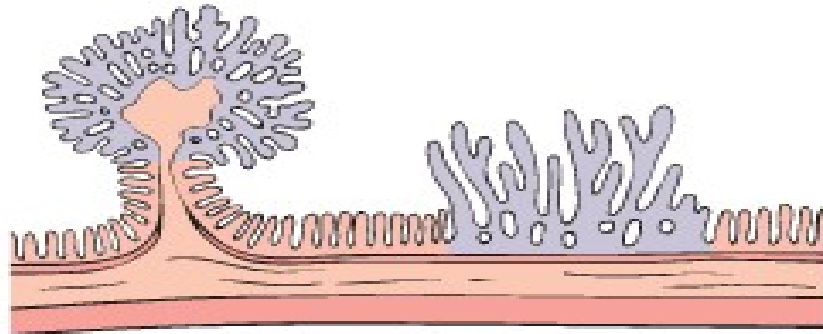


Classify intestinal polypi

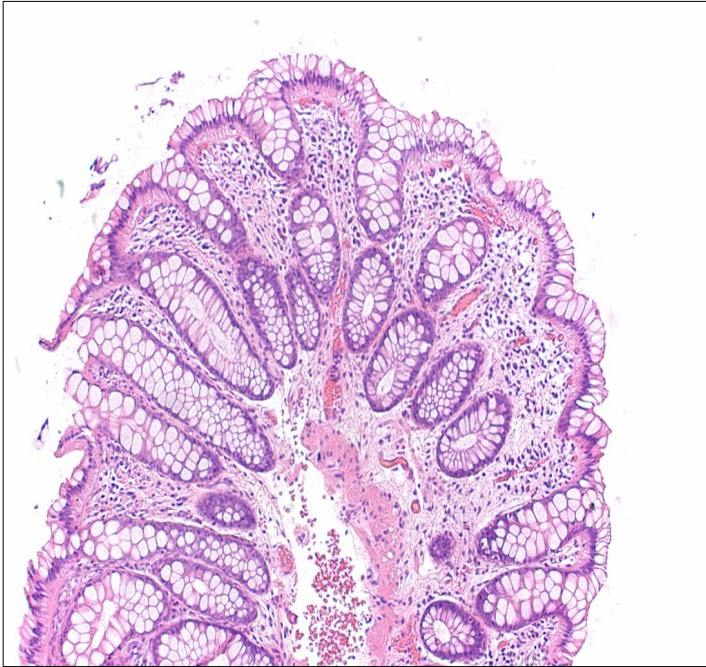
ADENOMAS

**Pedunculated
Tubular**

**Sessile
Villous**

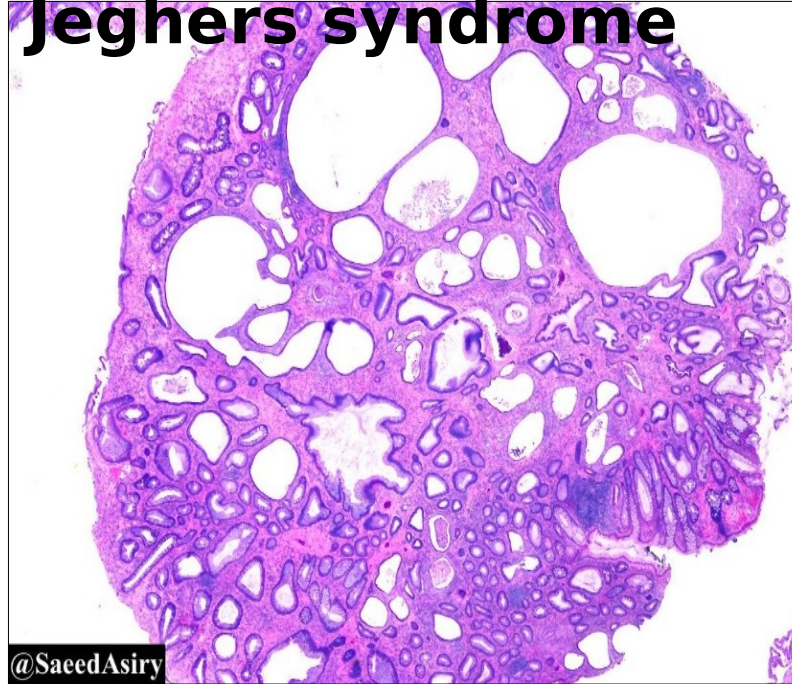


1-Hyperplastic Polyp



2-Hamartomatous polyps

A-Juvenile polyps Jeghers syndrome



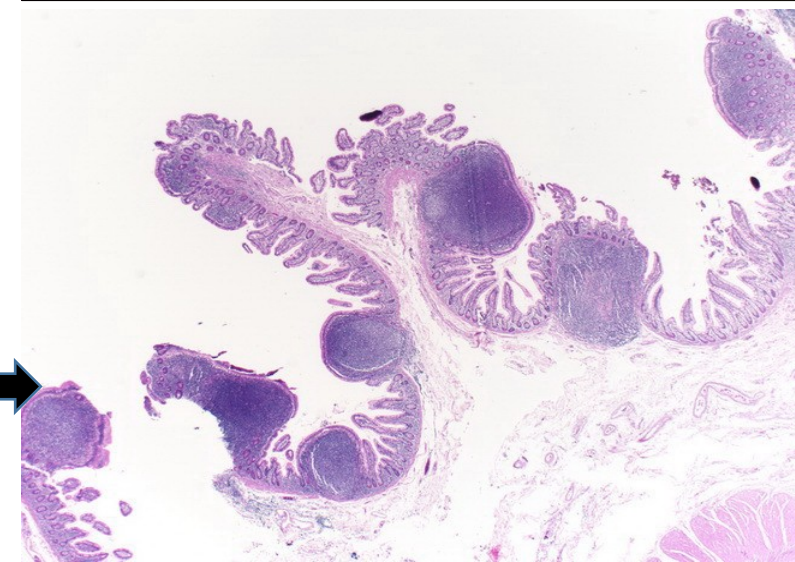
B-Peutz-



3-Bilharzial polyps

4-Inflammatory polyps (pseudopolyp):

5-Lymphoid polyps:



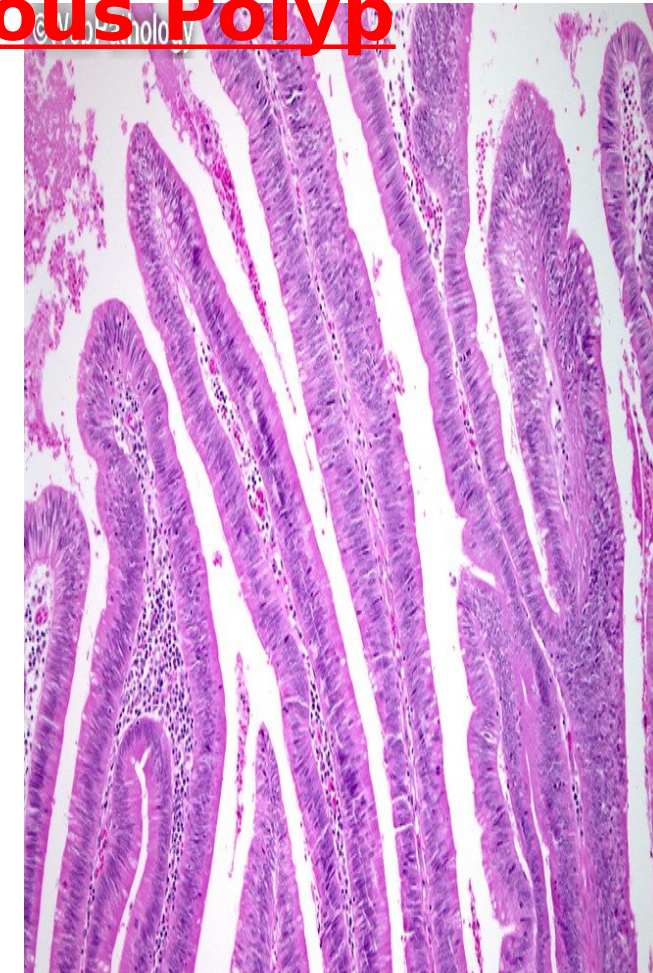
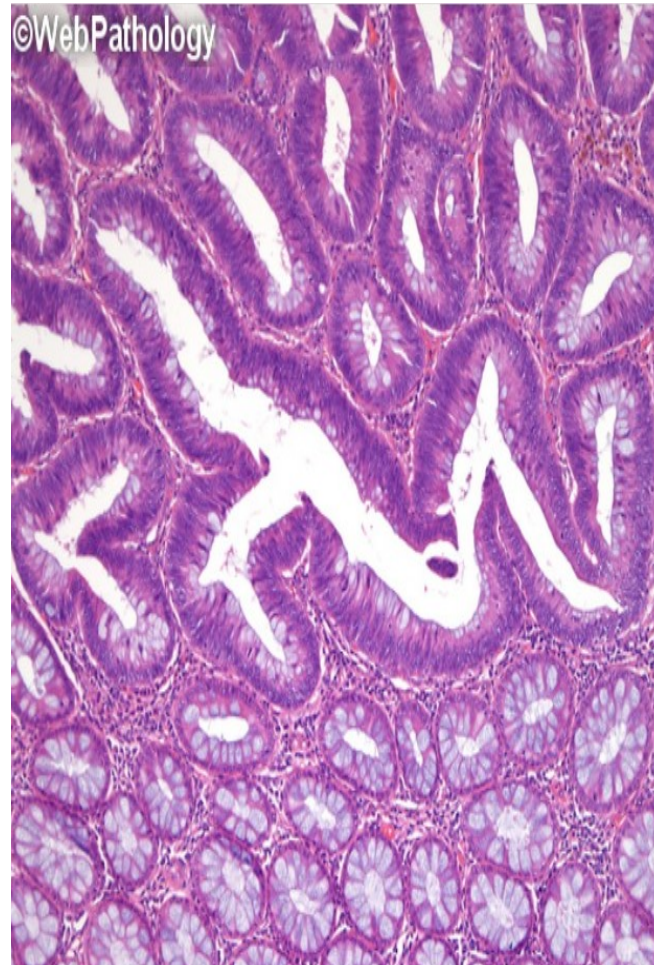
Compare between Tubular and Villous



Tubular Adenomatous Polyp

Villous

Adenomatous Polyp



Neoplastic Polyps



Enumerate the factors that affect the risk of malignancy (malignant potential) of an

- **adenomatous polyp?**

- Size (> 4 cm have 40% risk harbouring cancer)_

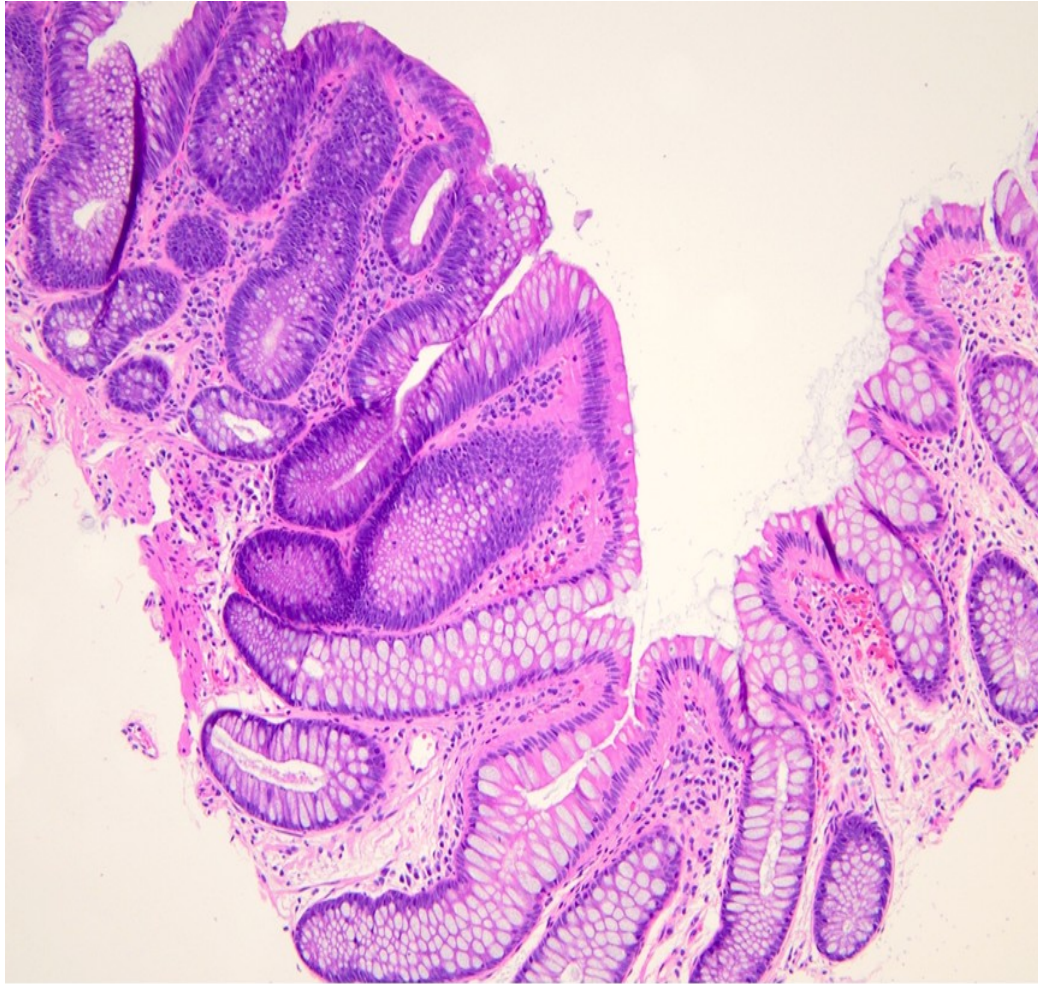
- Severity of dysplasia

- Histologic architecture (tubular or villous) Villous has higher

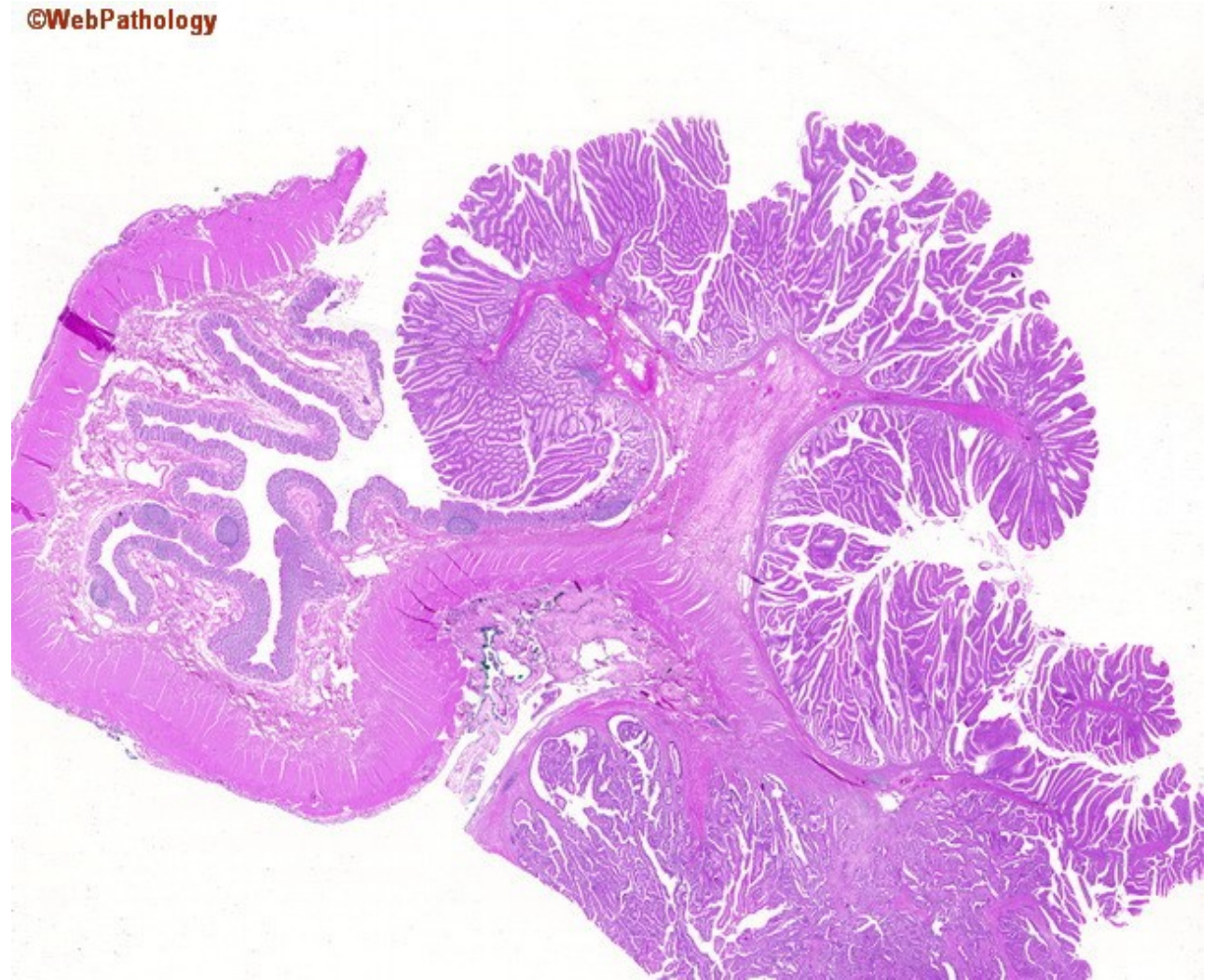
Tubulovillous adenoma



https://www.webpathology.com/slides-13/slides/Colon_TubuloVillousAdenoma2A.jpg



Abrupt transition from normal (right) to dysplasia (upper left).

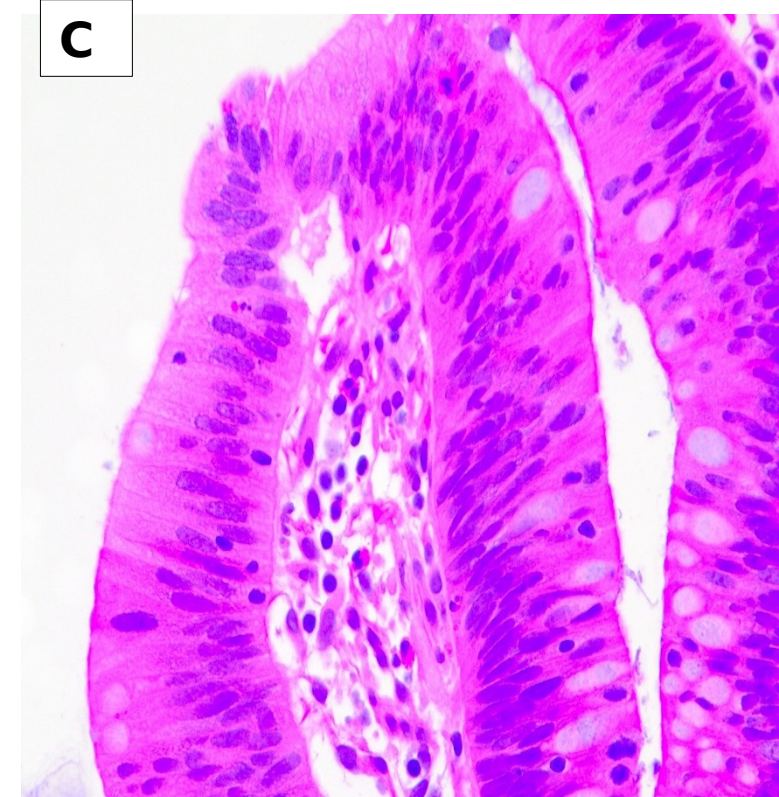
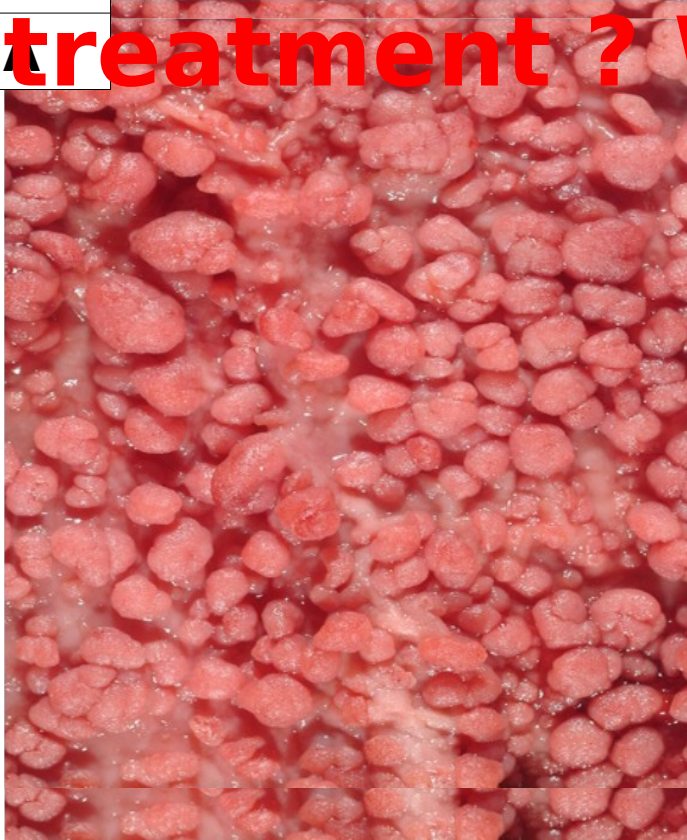


Neoplastic Polyps



A 26 year old patient presented with bleeding per rectum .Colonoscopy revealed Figure A . Biopsy revealed an adenomatous polyp with low to high

What is the diagnosis ? What is the treatment ? Why ?



Familial Polyposis Syndromes

Familial adenomatous polyposis (FAP)

- **=adenomatous polyposis coli (APC)**

- Mutation of APC gene
- Diagnosis made if **>100** adenomatous polyps on endoscopy.

- Complications:

by **age 40** **>>100%** will develop an
invasive
adenocarcinoma

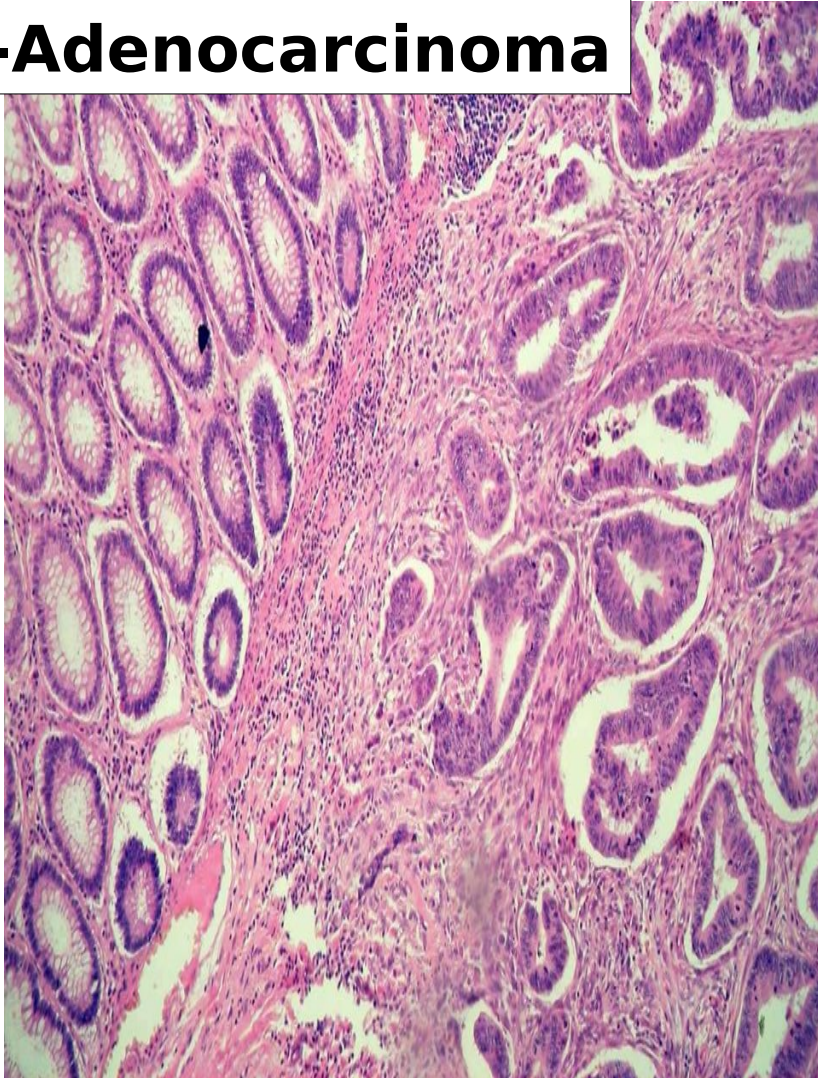
- **Prophylactic colectomy** is standard therapy for patients who carry APC



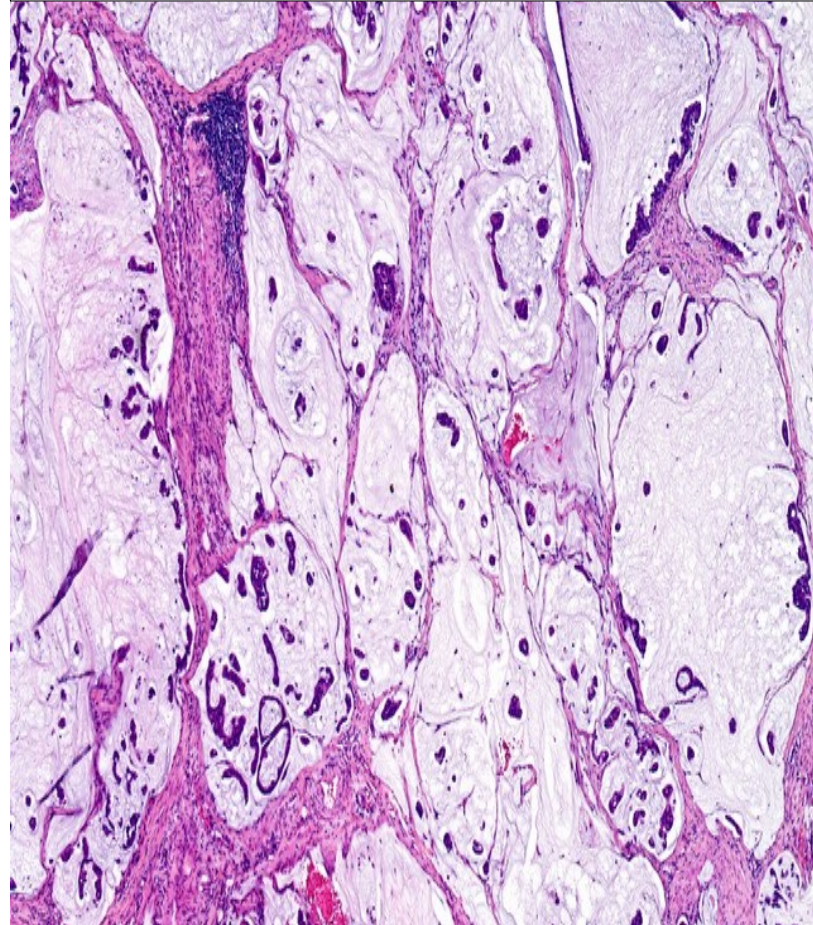
Name the microscopic Types of these colonic Carcinomas



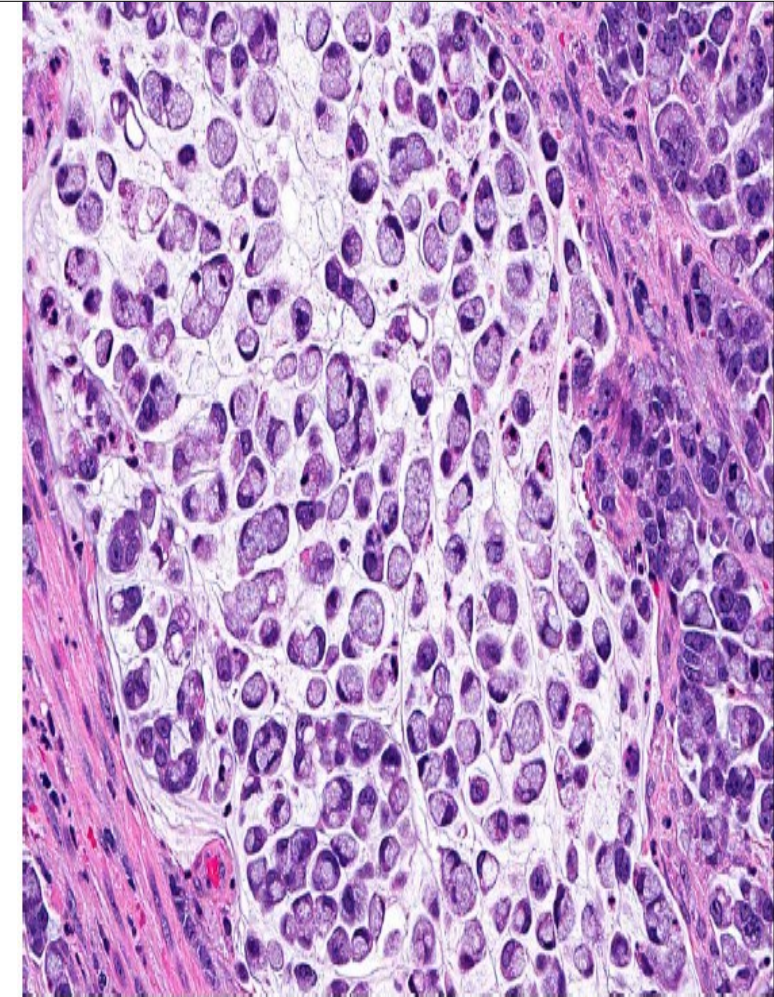
1-Adenocarcinoma



2-Mucinous Adenocarcinoma



3-Signet ring carcinoma



Carcinoma of Large Intestine



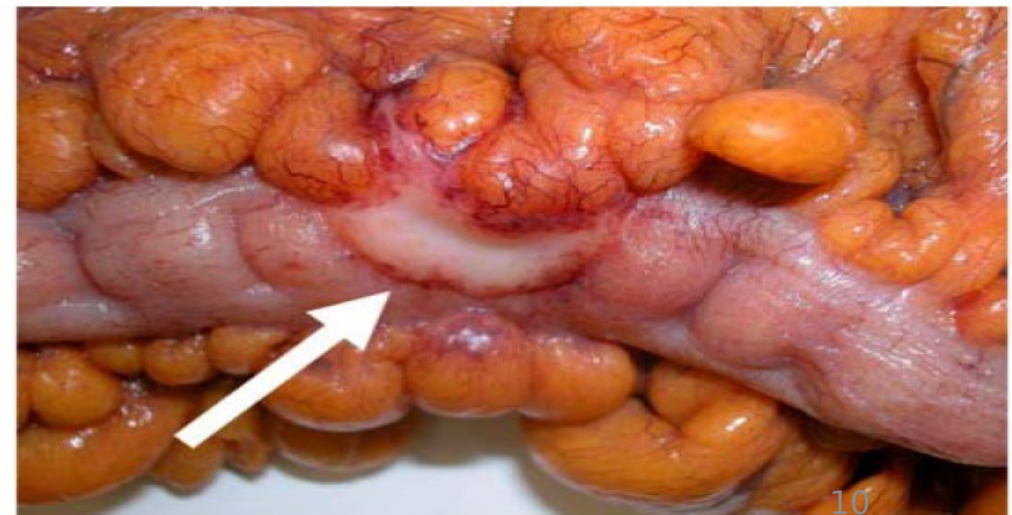
What is Most important prognostic factor?

Stage of the tumour which depends on

- Depth of tumour invasion (T)
- Extent of Nodal invasion(N)
- Extent of distant metastasis(M)



<https://voices.uchicago.edu/grosspathology/files/2018/12/Colon2-2od8391.jpg>



https://www.researchgate.net/figure/Macroscopic-image-of-colon-carcinoma-with-serosal-involvement-Note-the-thickened-central_fig4_258429394

Use the following key words to diagnose the liver lesion

**Autoimmune INTRAHEPATIC BILE DUCT
destruction**

Florid duct lesion

- Interlobular bile duct destruction
- by lymphocytes & plasma cells +/- granuloma
- Periportal cholestasis ,interface hepatitis

Ductopenia

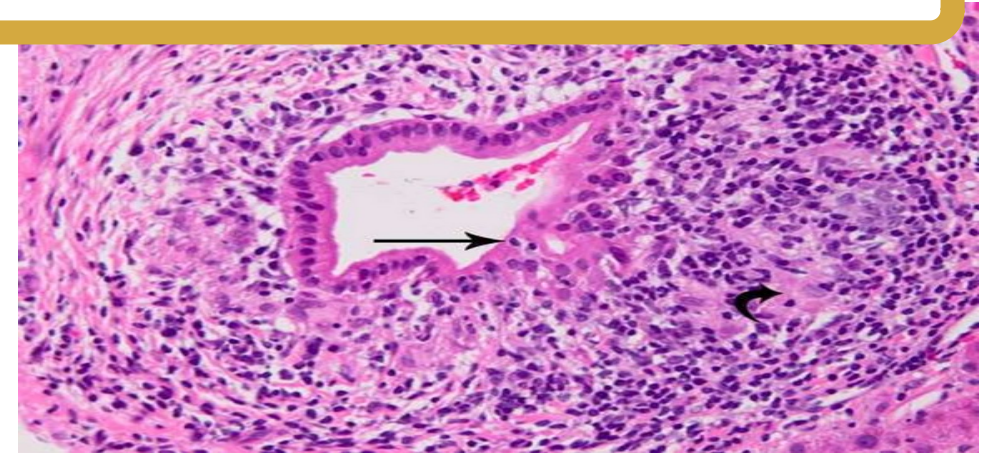
Portal tract without bile ducts

AMA positive against HEPATOCYTES

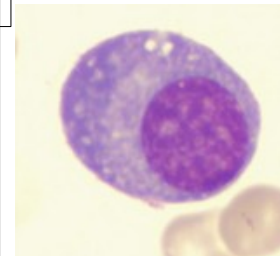
Plasma cells

Associated with autoimmune diseases

SMA-ANA positive



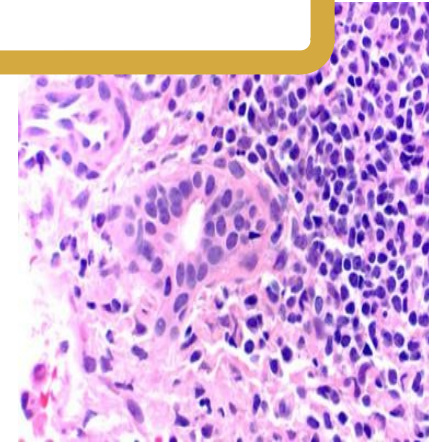
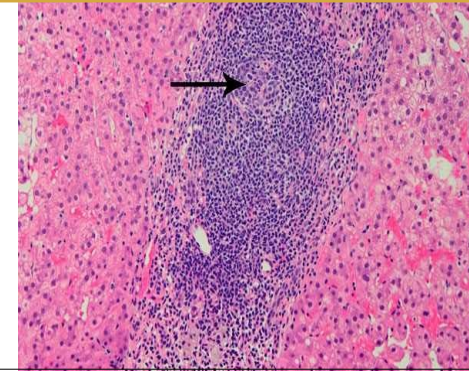
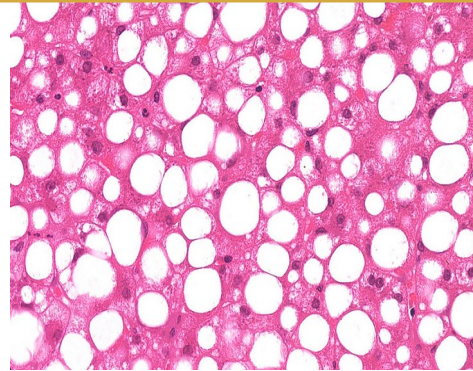
**Primary biliary
cholangitis**



**Autoimmune
Hepatitis**

Use the following key words to diagnose the liver lesion

**Steatosis-Lymphoid
aggregates
Bile duct destruction**



**Viral
Hepatitis C**

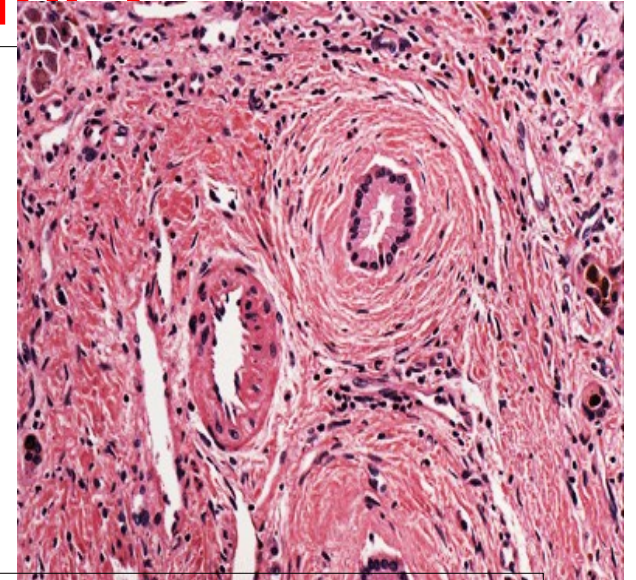
PATCHY fibrosis & destruction of
EXTRAHEPATIC & INTRAHEPATIC
BILE DUCTS of all sizes

ERCP : Beading=Narrow strictures
alternating with normal or dilated ducts

Circumferential fibrosis =onion
skin fibrosis

Association with: **Ulcerative**
colitis

Pd to :



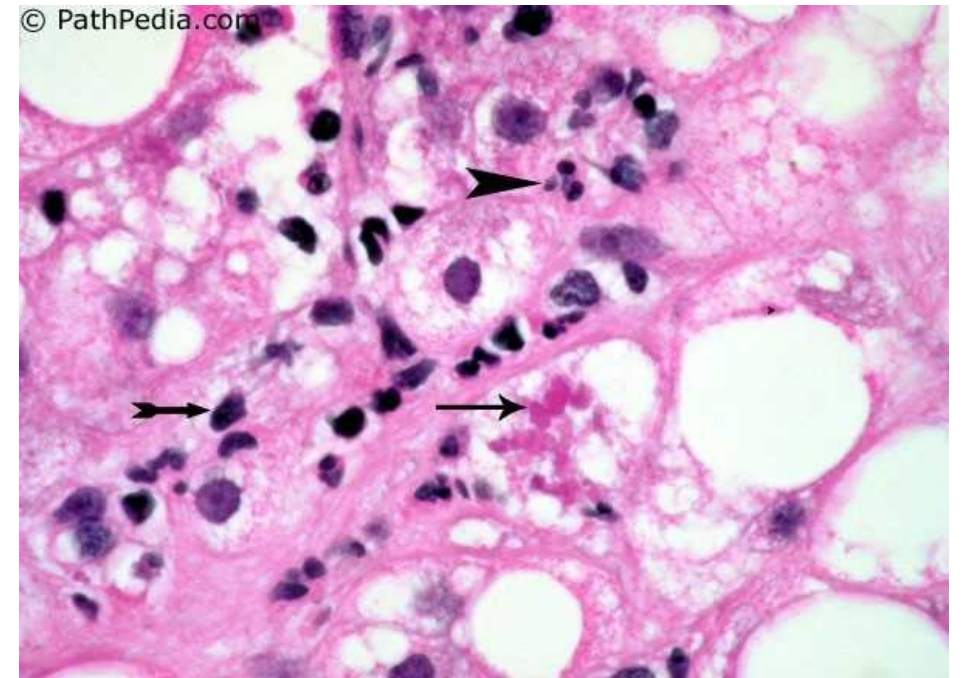
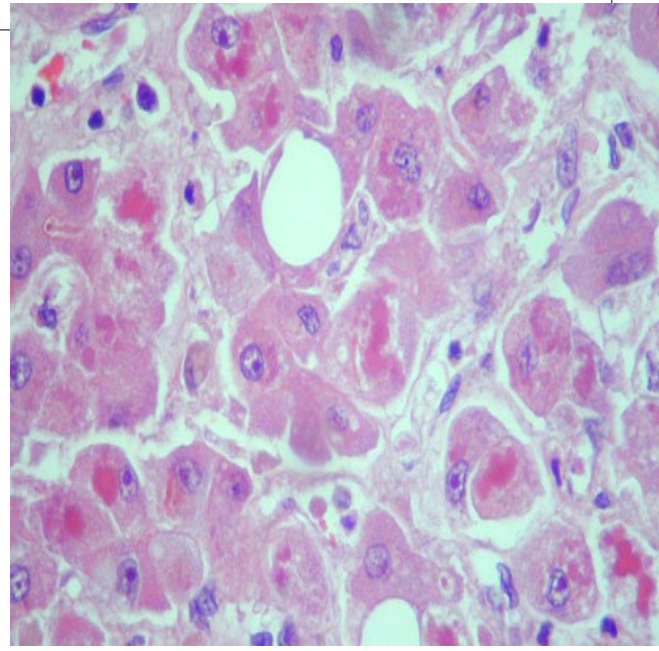
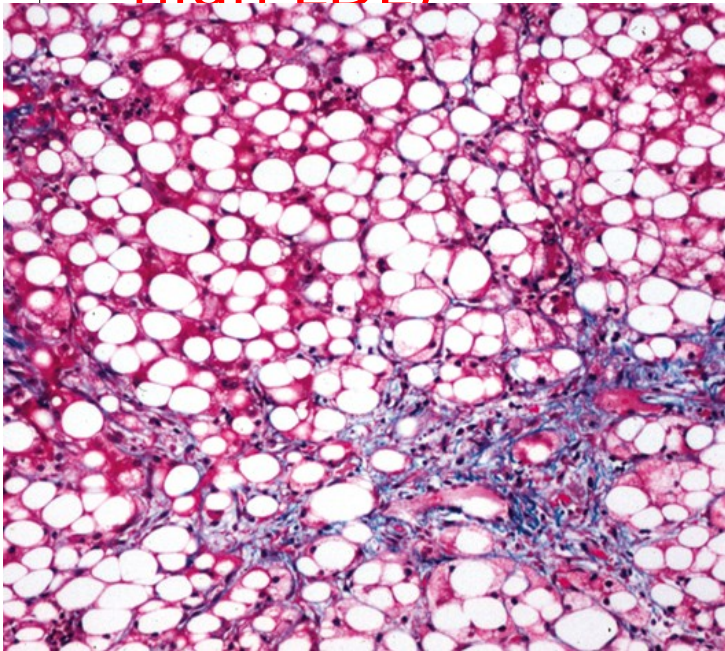
**Primary sclerosing
cholangitis**

Use the following key words to diagnose the liver lesion

Steatosis - Ballooned hepatocytes

- Mallory bodies : eosinophilic refractile inclusion
- Neutrophilic infiltration
- May Associate metabolic syndrome (obesity -diabetes -hypertension- high LDL)

Alcoholic hepatitis /NASH



Use the following key words to diagnose the liver lesion

Ground Glass



**Viral Hepatitis
B**

**Cirrhosis on top of
obstruction eg stone -
tumor- fibrosis- LN**

**Secondary
biliary
cirrhosis**



A.HCC

2-4-8

**B.Liver cell
(Hepatic)adenoma**

5-6

C. Cholangiocarcinoma

7

D.Hepatoblastoma

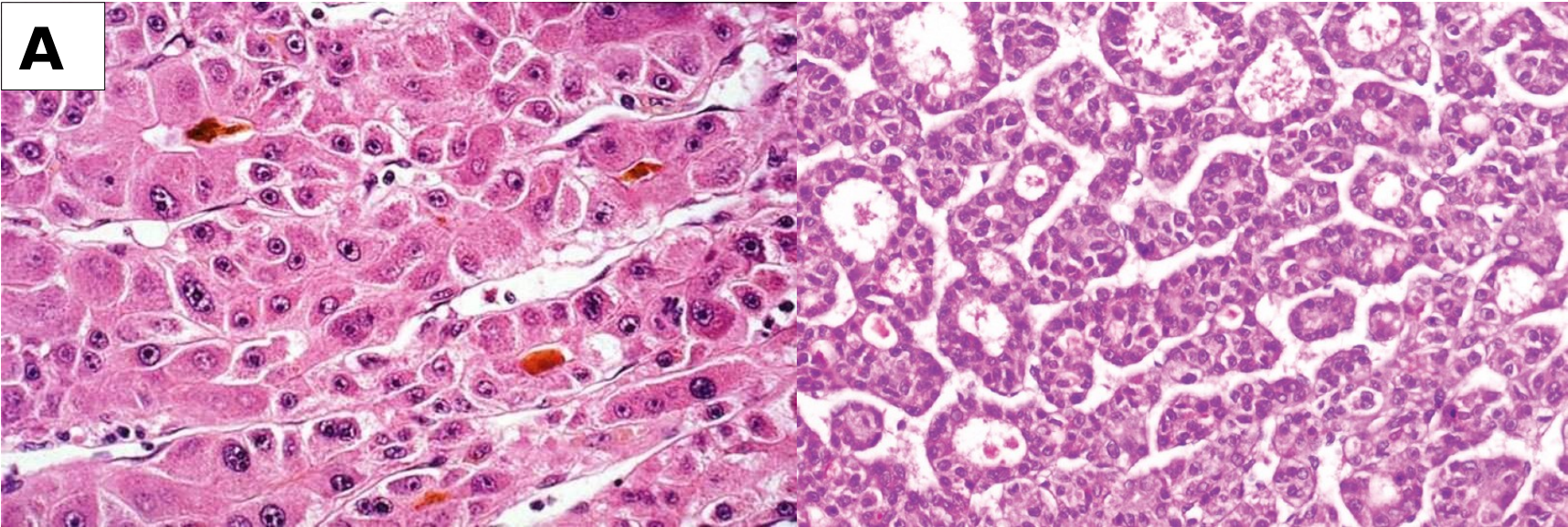
3

**E.Cavernous
Hemangioma**

1. non communicating bland blood filled spaces
2. **Aflatoxins** -chronic hepatitis -cirrhosis
3. Embryonal cells -Primary hepatic tumour in infants & children
4. **AFP-Hep par1**
5. **Contraceptive pills**
6. hepatocytes with no lobular architecture or portal tracts- Intraperitoneal hemorrhage
7. Predisposed by PSC -adenocarcinoma with abundant stroma & **MUCIN**

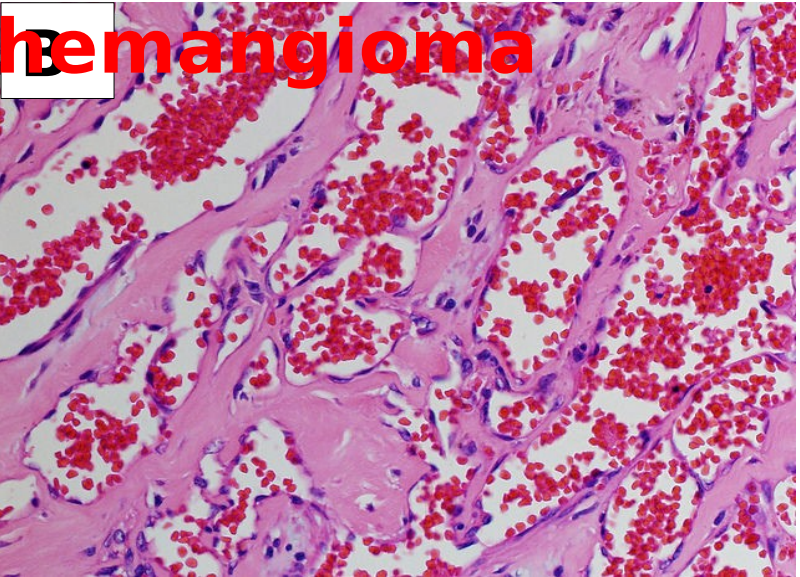
HCC

A



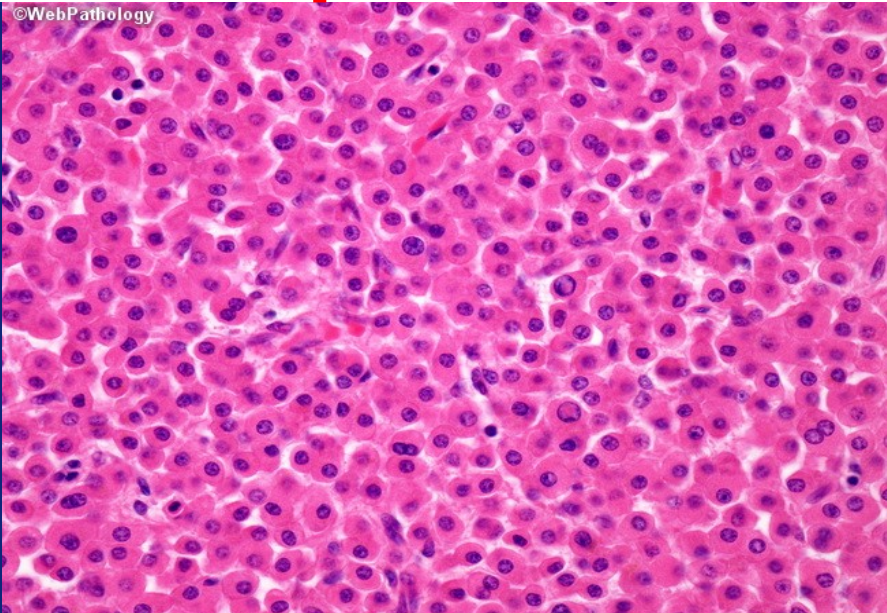
Cavernous hemangioma

B



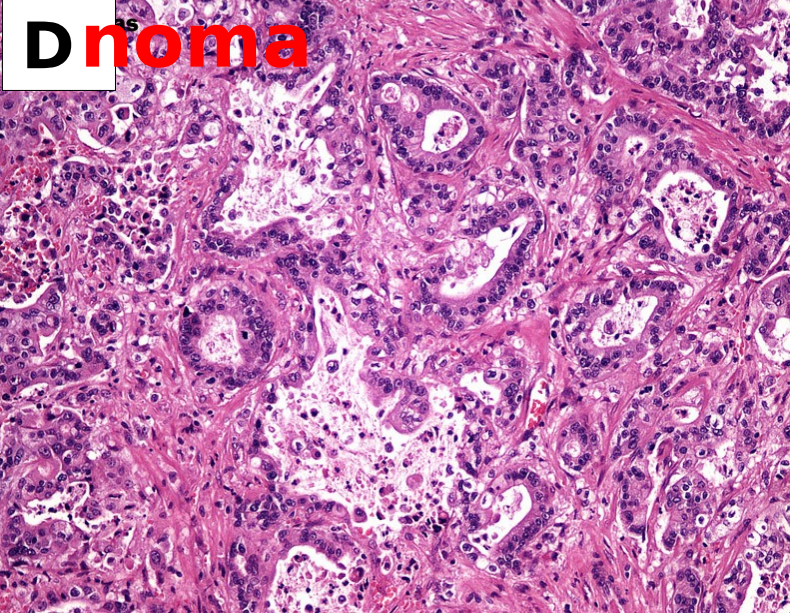
Liver cell adenoma (hepatic Adenoma)

C



Cholangiocarcinoma

D



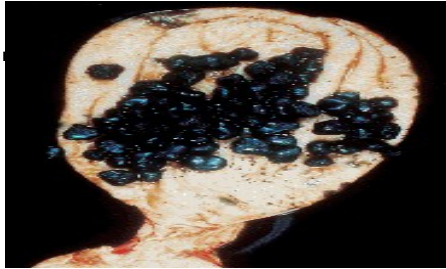
In each of the following :Name the stone and the pathologic condition that may associate it

- **Yellow-mulberry** outer surface



- **Cholesterol stone**
- **hypercholesterolemia - Cholesterolosis**

- **Black friable** s



- **Black pigment stone**
- **Hemolytic anemia**
- **Mixed stone**

- **Faceted stones with smooth outer surface**



- **Chronic cholecystitis**

Gall bladder

In a patient with gall stones what will happen in each of the following situations?

- Obstruction of the common bile duct by a stone
- A stone obstructs the ampulla
- Obstruction of cystic duct with accumulation of serous fluid
- Stone obstructs the cystic duct
- Stone reaches intestine through

Jaundice

**Acute
pancreatitis
Hydrops**

**Biliary colic or
cholecystitis**

**Intestinal
obstruction
(Gall stone**

What is the cause of each of the following in a patient with liver cirrhosis?

- Testicular atrophy & gynecomastia

Failure of inactivation of estrogen(Hyperestrogenemia)

- Ascites

Hypoalbuminemia (liver dysfunction) + Portal hypertension

- Hematemesis

Portal hypertension & opening of porto-systemic shunts

- Splenomegaly

Portal hypertension & opening of porto-systemic shunts

- Bleeding tendency

Impaired Clotting factor synthesis+ Hypersplenism dt splenomegaly (WHY?)>> pancytopenia

Portal hypertension & opening of porto-systemic shunts

- Piles

Liver cirrhosis

What is the cause of each of the following in a patient with liver cirrhosis?

- **Hepatic encephalopathy**
- **Caput medusa**
- **Lower limb edema**
- **Fibrosis**

Non detoxified ammonia

Portal hypertension & opening of porto-systemic shunts

Hypoalbuminemia

Activation of Ito cell into myofibroblast > Production of ECM & collagen

THANK YOU
Super **DOCTORS**

